### REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH
DIVISION OF COMMUNITY, FAMILY HEALTH & EQUITY
WOMEN, INFANTS & CHILDREN (WIC) PROGRAM

### **SECTION 1: INTRODUCTION**

The Rhode Island Department of Health Women, Infants and Children Program (hereinafter WIC Program) is requesting proposals for the provision of services to participants enrolled in the WIC Nutrition Program within the Pawtucket and Central Falls service area. Eligible applicants must be community-based, public or non-profit agencies that are in good standing with the federal government. There is approximately \$670,000 available on an annual basis to fund up to 2 agencies and serve and estimated caseload of 5400 partcipants. Contracts awarded as a result of this RFP will begin April 1, 2009 through December 31, 2009, with the option to renew for up to four additional 12 month periods at the sole option of the State based on vendor performance and the availability of funds.

### **SECTION 2 – BACKGROUND AND PURPOSE**

The WIC Program (Special Supplemental Nutrition for Women, Infants, and Children) provides services to low-income pregnant and postpartum women, and infants, and children to age five (5). Services include nutrition education, referrals to health care and other social services, and foods to supplement the diets of WIC participants.

WIC is the third largest Federal Nutrition assistance program, trailing only the Food Stamp and the National School Lunch Programs. Funding for the WIC Program is provided by the US Department of Agriculture, Food and Nutrition Services to state WIC agencies through annual appropriations from Congress.

The purpose of the program is to provide nutrition education, breastfeeding promotion and support, supplemental foods, access to health care and immunization screening to pregnant, breastfeeding and non breastfeeding postpartum women, infants and children up to five (5) years of age who are certified by a health professional to be nutritionally and/or medically at-risk and with a household income of 185% of the income poverty guidelines or less.

Currently, the Rhode Island Department of Health (Division of Community, Family Health and Equity) delivers WIC services at the local level by contracting with 11 local agencies, non-profit community organizations, community health centers and hospitals. The local agencies operate approximately twenty-six (26) WIC clinics statewide. The Rhode Island WIC program currently serves 27,000 clients per month, issuing well over 1 million checks a year (worth over \$19 millon).

Approximately 240 authorized WIC vendors (retail grocers, pharmacies) provide food and formula to WIC participants in exchange for WIC checks. Authorized pharmacies only provide special infants formulas that cannot be purchased at retail grocers.

The Farmer's Market Nutrition Program (FMNP) provides WIC recipients with checks generally at the onset of the growing season that allows the recipient to purchase locally grown fresh fruits and vegetables at local farmer's markets.

The Rhode Island Department of Agriculture program and the Department of Health Division of Community, Family Health and Equity WIC Program authorize approximately 59 farmer's and 23 Farmer's Markets to provide / sell fresh fruits and vegetables to targeted WIC participants.

#### PROGRAM SERVICES OVERVIEW

For clarity in this document, services are divided into three areas: Nutrition and Program Services; Administration; and Coordination, Outreach and Evaluation.

#### **NUTRITION & PROGRAM SERVICES:**

#### **Eligibility Determination and Certification**

Eligibility for the WIC Program is based on category, residency, income and nutritional risk. Certification is the process followed by each local WIC program during which an individual applicant's eligibility for WIC services is determined. Individuals who meet the eligibility criteria as specified by the State WIC Office are to be certified for WIC services. If the State WIC Office identifies funding constraints, a waiting list may be instituted if the participants' level of risk is not currently being served.

### **Nutrition Education and Counseling**

Nutrition education is key to WIC's effectiveness, since participants learn about ways to make healthy food choices to achieve long-term health benefits. Local agencies offer all participants at least two nutrition education contacts during each certification period. Nutrition education and counseling must address the participants' needs and concerns about nutrition, breastfeeding, nutritional risk, dietary restrictions, food selection, and food preparation.

### **Breastfeeding Promotion and Support**

The State WIC Office supports the promotion of breastfeeding as the preferred and optimal way to nourish infants. Local WIC Programs must implement all Federal and State mandated breastfeeding promotion and support policies, procedures, and coordination activities to ensure that all women receive this message as well as the information and education necessary to breastfeed successfully.

### **WIC Supplemental Foods**

Local WIC nutrition staff prescribes individually tailored food packages of WIC-approved foods responsive to identified nutritional needs and preferences of WIC participants. Monthly food

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### **Local Agency WIC Program Services**

checks, redeemable for specific nutritious foods, are given to enrolled participants by local WIC program staff. These checks are then taken by WIC participants to authorized food stores and pharmacies to be redeemed for eligible foods.

#### **Farmers' Market Checks**

During the summer, the Rhode Island WIC Program and the Rhode Island Department of Environmental Management operate the WIC Farmer's Market Nutrition Program. Through this program, local WIC program staff provides eligible WIC participants with coupons redeemable for fresh produce at their local farmers' market.

#### **ADMINISTRATION:**

### **Staffing**

The local WIC program must have sufficient qualified staff to perform the full range of WIC nutrition and program services based on caseload, while meeting state and federal guidelines for WIC service provision. These individuals must:

- 1. Meet the minimum qualifications for their positions
- 2. When possible, reflect the cultural and ethnic composition of the WIC population to be served from the proposed service areas, and

### **Management Information System**

The State WIC Office maintains software called the Web Enabled Benefits System (WEBS). The enrollment, certification, and food check production information for each applicant must be entered into WEBS by local WIC program staff. The State WIC Office provides the equipment for this computer system, which includes personal computers and printers to the Local WIC Programs as well as web access. The Local WIC agency is responsible for the security of this equipment.

State WIC Office technical and program staff support the WIC computer system. State WIC Client Services staff assists with the answering of programmatic and technical questions, and State IT staff maintains and repair WIC computer equipment.

### **Caseload Management**

Local WIC Programs must manage their anticipated caseloads to provide maximum services. RFP applicants must provide rationale and data to support their proposed caseload and any future year increases, if necessary. Effective caseload management involves the development and implementation of an outreach plan that attains and maintains the assigned caseload. This is accomplished through networking with community providers, promotional campaigns, targeted program marketing, providing open access to meet the needs of the community and referrals with an emphasis on high risk and disenfranchised populations. Strategies for recruiting new participants especially pregnant women early in their pregnancy and reducing 'no-show' rates are an important part of caseload management.

### **Food Checks**

The Statewide WEBS System produces checks, which WIC participants use to purchase WIC-approved foods. The checks include a prescription for specific amounts of WIC-approved foods, which have been selected by a nutritionist to meet the partial needs of individual WIC participants. Procedures must be in place at local WIC programs to ensure that WIC food checks are issued, in an accountable manner, to participants. Once WIC check stock is distributed to the local agency, the agency is responsible to maintain the checks in a locked cabinet in a secured room.

### Vendor Management

The State WIC Office authorizes retail grocery stores and pharmacies to accept WIC food checks, and monitors these stores. An appropriate number and geographic distribution of vendors must be maintained to assure adequate participant access. WIC participants may redeem checks only at these authorized retail food stores or pharmacies. Local Agency staff is responsible for providing participants with a listing of approved vendors in the area and procedures to be followed while shopping with WIC checks. Local WIC program staff must log any issues or complaints related to vendor management and report to the State Agency.

### **Reports and Record Keeping**

Local WIC programs are required to submit an annual nutrition education program plan, which includes evaluation and outreach reports, and budgets along with monthly financial reports. Participant files must be maintained for three years beyond the date they are terminated from the program.

### **Meetings**

The State WIC Office schedules statewide business meetings for local WIC program coordinators approximately six times per year. Attendance at these meetings is **mandatory**. These meetings provide an opportunity for local WIC programs to receive program updates and training in new program procedures; allows for participation in WIC policy development, communication of pertinent issues, and participation in in-service programs. Also **mandatory** is the attendance of all local agency staff at State WIC Office-sponsored training events throughout the year. Other meetings and workgroups occur throughout the year, and appropriate local WIC program staff is encouraged to participate.

### **COORDINATION, OUTREACH & EVALUATION:**

### Coordination, Referrals and Outreach

The Local WIC Program Coordinator is responsible for direct outreach activities to bring new participants into the program Local WIC Programs are expected to have cooperative activities

that maximize the effectiveness of the health care and prevention systems in their community. This enables WIC participants to receive increased access to, comprehensive health care and social services in place. The referrals to these programs are provided for WIC participants by local WIC program staff. In turn, these health and social service programs refer those potentially eligible to WIC as part of our community-based service coordination.

### Sites and Accessibility

Local WIC Programs must establish and maintain sites and hours that ensure participant access to WIC services in a cost-effective manner, including Open Access and non-traditional hours (evenings and/or weekends) to accommodate working applicants and participants. All sites must maintain adequate staffing to ensure that participants can be appropriately accommodated for WIC Services and space must be utilized to ensure participant confidentiality.

### **Program Monitoring and Evaluation**

The State WIC Office monitors the performance of local programs through site visits and financial reviews, ongoing data analysis, review of program reports as well as the ability of the local WIC program to achieve expected WIC results and measures. The local WIC program will be expected to engage in self-evaluation as well and to comply with Federal and State policies and procedures outlined in the policy and procedure manual. USDA also conducts management evaluations of WIC operations at the local WIC offices. Local WIC programs are required to comply with all USDA requests for information and observation of services provided. Failure to meet performance standards will require the development of Corrective Action Plans. In addition, timely responses to ad-hoc requests for programmatic information and other surveys are required.

### **Quality Assurance**

Local WIC Programs must develop and implement a system of Quality Assurance in which designated staff regularly review all aspects of local WIC program services including staff interactions with participants, check issuance systems, data quality, and participant records. Problems or issues that are determined as a result of Quality Assurance activities must be investigated and addressed in a timely manner and included in the annual Evaluation Report that must be submitted by the local WIC program to the State WIC Office.

### **Performance Measures**

The following performance measures will be used to assess and enhance the Local Agency's effectiveness in the following areas:

• Early entry into the WIC Program: Evidence shows early entry into the WIC program during pregnancy has proven to increase education for clients as well as to improve birth outcomes. Local Agencies are responsible for increasing the percentage of early entry of pregnant women into the WIC Program, using targeted outreach, open access and priority scheduling. The first six-month period of the contract will establish baseline data and

each six-month period, the Local Agency will demonstrate an increase of early entry by 2%. Those agencies that have no increase will modify their procedures to be in compliance.

- **Breastfeeding rates at birth**: Three months and six months (duration) will increase by 1 % within one year. Agencies demonstrating an increase in breastfeeding rates will evaluate adapt and implement policies that best support continued breastfeeding in the program. Those agencies that have not increased breast-feeding rates will review and modify their procedures.
- **Body Mass Index (BMI)**: The goal is to track and maintain normal BMI and reduce high BMI in children two to five years old. Agencies are responsible for developing and implementing policies and protocol that address physical activity as well as appropriate feeding practices.
- Quality Assurance of Data: The state WIC office will review data quality on a quarterly basis. A report will be sent to each local agency addressing issues that need to be reviewed and fixed. Local Agencies will be responsible for maintaining quality data input.
- Management Evaluation baseline standards: During a Management Evaluation (ME) each WIC site is evaluated with a standardized evaluation tool. Local Agencies will at the very least maintain baseline results of one to three citable sanctions of Federal and State regulations during the ME. Any citations require a corrective action plan. Failure to meet baseline standards will result in changes to per participant funding allocations.

### **SECTION 3: SCOPE OF WORK**

This section provides an overview of the requirements for the Rhode Island Special Supplemental Food and Nutrition Program for Women, Infants and Children. Additional information about the WIC Program can be obtained by accessing the following web sites: <a href="http://www.fns.usda.gov/wic/">http://www.fns.usda.gov/wic/</a> and <a href="http://www.health.ri.gov">http://www.fns.usda.gov/wic/</a> and <a href="http://www.health.ri.gov">http://www.health.ri.gov</a>

#### **Benefits**

The following benefits are provided to WIC participants:

♦ Supplemental nutritious foods. Up to three months of food benefits shall be issued to participants. A nutritionist or nutrition counselor taking into consideration the participant's age and dietary needs shall prescribe food packages and food instruments. The type and amounts of foods authorized are pursuant to 7 CFR § 246.10; Rhode Island WIC Program Policies and Procedures; Rhode Island WIC Operations Manual and Rhode

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- Island WIC State Plan.
- ♦ Nutrition education and counseling at WIC clinics. Nutrition education shall be made available to all participants. Nutrition education may be provided through local agencies directly, or through arrangements made with other agencies. Nutrition education shall be made available through individual or group sessions. During each six-month certification period, at least two nutrition contacts shall be made available to all pregnant and post partum participants and the parents or caretakers of child participants, and wherever possible, the child participants themselves. Nutrition education contacts shall be made available quarterly (a minimum of every three months) to parents or caretakers of infant participants and breastfeeding women. High Risk participants will be provided education on a monthly to bi-monthly basis to better coordinate healthcare.
- ♦ Screening and referrals to other health, welfare and social services. Local WIC agencies shall provide Program applicants, participants or their designated proxies with information on other health-related and public assistance programs, and when appropriate, shall refer applicants and participants to such programs.

### **Local WIC Agency(s) Responsibilities:**

- The Local Agency Administration is responsible for the oversight of the WIC Program and complying with Federal and State WIC requirements.
- Participants applying for WIC will be seen within USDA's required time frame.
- Determine residency, income and nutritional risk eligibility on all potential clients.
- ◆ Document nutritional risk and provide nutrition education, based on Value Enhanced Nutrition Assessments (VENA).
- ◆ Designate a staff person to coordinate local agency breastfeeding promotion and support activities as required by 7 CFR §246.11(b)(7)(ii)
- Provide, document and follow-up health and social service referrals.
- ♦ Perform or obtain a hematological test for anemia as required by 7 CFR § 246.7(B) and Rhode Island WIC Program Policy and Procedure Manual.
- ◆ Perform or obtain weight, height or length measurements as required by 7 CFR §246.7(e)(1) and The Rhode Island Policy and Procedure Manual.
- ◆ Issue food instruments to participants based on appropriate food package selections as required by 7 CFR §246.10 and Rhode island WIC Program Policy and Procedure manual,
- Complete and submit federal and state reports according to established schedules.
- Use the WIC program's automated data processing system to administer and manage the Program.
- Use RI WEBS automated appointment scheduler as needed to pre-schedule or facilitate

open access.

- ◆ Target outreach to WIC eligible populations, including working families, special populations.
- Evaluate community needs and establish outreach clinics to ensure efficient, quality access to services.
- Maintain Program integrity through adequate and appropriate Agency support and oversight.
- ♦ Collaborate with local medical providers and community programs to coordinate services provided to WIC participants.
- Maintain funded caseload within parameters defined by the State WIC Agency.
- Informing WIC participants of their rights and responsibilities.

#### Allowable Costs – Program Staff and expenses should fall under these general categories

General Administration: Indirect costs are general expenses incurred for a common or joint purpose benefiting multiple programs/services/functions are not directly connected to a specific program. Indirect costs are further classified into two categories: "Facilities" and "Administration." Facilities include: rent, utilities, janitorial, and liability insurance. Administration include: audit, legal and consultant fees; MIS, non-project staff, office supplies for general use, printing, postage, periodicals and subscriptions, and memberships dues. For purposes of the RFP, indirect fees cannot exceed 14%. In addition, costs must be treated consistently as a direct or indirect cost, meaning that a cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose has been allocated as an indirect cost.

<u>Client Services</u> All costs expended to deliver food and other client services and benefits. Salaries, Fringe Benefits, Contract Services, Material Preparation, Application Processing, Medical Supplies, In-State Travel, Notification of Rights, transfer of Certification, Planning of Certification, Telephone, Training, Conduct Surveys, Income Determination, Diet Assessment, Equipment, Anthropometric Measurements, Other Assessments, and Miscellaneous Documentation.

Nutrition Education All costs directly related to general Nutrition Education. NOTE: Nutrition Education expenditures combined with Breastfeeding Promotion and Support Expenditures must account for at least 20% of program expenditures. Salaries, Fringe Benefits, Planning for Nutrition Education, In-State Travel, Material Preparation, Material Procurement, Equipment, Printing and Reproduction, Training Staff, Counseling Individuals, Group Education, Continuing Education, Data Collection, Evaluation, Monitoring.

Breastfeeding All costs expended for the promotion and support of breastfeeding. Salaries,

Fringe Benefits, Material Preparation, Material Procurement, Printing and Reproduction, Contract Services, Counseling, Training, Continuing Education, Breastfeeding Promotion and Support, In-State Travel.

Reimbursement by caseload is based on a per participant served per month (currently \$10.00) as derived by the state RIWEBS computer system. Budget submission should be based on the number of annual participants projected to be served at the per-participant rate. Proposals will be funded on a competitive basis and must meet the scope of work described throughout this RFP. Awards will be made in accordance with federal and state regulations applicable for each type of agency. Direct and indirect charges are identified in Addendum A.

#### **AGENCY DELIVERABLES:**

At the beginning of each Federal Fiscal Year, each local agency must submit a budget based on anticipated expenses. Monthly Expenditure reports are due each month by the 30<sup>th</sup> of the following month. A quarterly time study by all personnel is required and must be submitted no later than one month following each quarter. The time study documents actual time spent on the four functional areas (nutrition education, client services, breastfeeding and general administration).

### **SECTION 4 – ADMINISTRATIVE INFORMATION**

#### PROPOSAL SUBMISSION:

The deadline for submission of proposals is **Friday, March 13, 2009, by 4:00 pm**. No applications will be accepted after this date and time. Proposals sent by mail are sent at your own risk. Applicants are urged to hand-deliver their proposals, which will be date-stamped upon receipt. Faxed applications will not be accepted. All proposals must be typed in English and single-spaced. The Proposal Narrative is limited to 8 pages, excluding the budget and appendices. One original and three (3) copies must be delivered to:

Ann Barone Project Manager Rhode Island Department of Health 3 Capitol Hill, Room 302 Providence, RI 02908-5097

### **Pre-Proposal Technical Assistance Workshop:**

All interested parties and potential applicants for funding through this RFP announcement are strongly encouraged to attend a Technical Assistance Workshop on **Monday**, **February 23**, **2009 at 2:00 pm**. The workshop will provide an opportunity for questions and answers. Questions and answers given at this meeting will be posted on the HEALTH web page as an addendum to the RFP. **No other communications with State employees regarding this RFP will be permitted.** The location of the workshop is:

Rhode Island Department of Health Conference room 302 3 Capitol Hill Providence, RI 02908

#### **SELECTION PROCESS:**

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies that have experience working with community-based programs. Proposals will be reviewed and scored based upon the Proposal Evaluation Score Sheet (attached). The maximum possible score is 100 points. Applications scoring below 60 points in the technical review will not be considered. The Department of Health reserves the right not to fund any proposals.

Applicants may be required to submit additional written information to clarify statements made in their proposal

#### SECTION 5: REQUIRED COMPONENTS OF THE PROPOSAL

- 1. **COVER PAGE**: The purpose of this page is to provide applicant information.
- 2. **COVER LETTER**: Applicant must submit a cover letter from its Board of Directors and indicate the name of the agency's designated contact person and/or the name of the person that is authorized to sign the contract. Please include the agency's FEIN number.
- 3. **APPLICANT DESCRIPTION**: The Applicant Description should provide a detailed description of the organization/agency including, but not limited to, the following information:
  - > type of organization
  - > population served
  - $\triangleright$  proof of non-profit status (501)(c)(3) attach as an appendix
  - > structure and organization of agency includ8ing the ethnicity of current staff and Board of Directors

#### 4. **PROPOSAL NARRATIVE**: The Narrative must include:

- ➤ Goals & Objectives. List measurable goals and objectives of your proposal using the Scope of Work described in this documentation as a guide.
- ➤ Background: Describe prior experience that demonstrates the agency's ability to work with the target population to provide services described in the Scope of Work.
- ➤ Describe an Approach/Project Work Plan/Time Line that is clear, detailed, and meets the needs of the target population. Clearly demonstrate when and how each task in the work plan will be carried out.
- ➤ Evaluation plan. Outline a process and outcome evaluation plan and describe how objectives will be accomplished. Identify tools applicable to the project whenever

possible.

➤ Project Staff & Organization. Staff proposed for the program must be capable. Resumes, job descriptions, and organizational charts for staff and Board of Director's members should be included in the appendices, with race/ethnicity identified for each. Indicate percentage of time each staff member will devote to this initiative.

### **SECTION 6: BUDGET AND BUDGET NARRATIVE**

- 1. Project Budget (Year 1) submit a budget for a 12 month period
- 2. Budget Narrative: a detailed description of each expense category listed

This component consists of two parts: a financial budget summary that lists allowable expenses and a budget narrative that is a descriptin of each budget line item entry. The budget narrative must include the personnel hourly wage and percentage of time each staff member will devote to this initiative. Please show a 10% verifiable match (required contribution) by your agency. Please submit an appropriate, realistic budget for a 12-month period that is sufficient to accomplish the project goals. The contract award will be prorated, if necessary, in accordance with the actual start date of the contract.

Applicants will be scored according to the overall soundness of the proposed budget and accompanying budget narrative, including the extent to which costs reflect direct services vs. indirect (administrative) costs. Those proposals ranked highest by the Technical Review Committee may be asked to make an oral presentation or provide clarification to their proposal prior to final recommendation for award.

### **SECTION 7: ATTACHMENTS**

- 1. Letters of Support/Collaboration
- 2. Curriculum Vita/Resumes for key personnel
- 3. Copy of Organizations Smoke-Free Policy, if available
- 4. Copy of Organization's Board of Directors with race and ethnicity of Board Members indicated
- 5. Copy of 501(c)(3) proof of non-profit status

# PROJECT BUDGET (YEAR 1) 12 MONTH PERIOD

### Expense Category

**Amount Requested** 

- 1. Personnel Name, Title of Position(s), FTE, hourly wage
- 2. Fringe Benefit with percentage
- 3. Consultants
  Name, Title of Position, hourly wage
- 4. Travel (local)
- 5. Travel(out of state)
- 6. Printing
- 7. Supplies
- 8. Resource Materials
- 9. Telephone
- 10. Postage

TOTAL:

Applicant must provide a verifiable match of at least 10%.

### **BUDGET NARRATIVE**

Please provide a detailed description and justification of each cost associated with this project. Include a description of the 10% verifiable matching contribution to be made by your agency.

### **SECTION 7 – EVALUATION & SELECTION**

The State will commission a Technical Review Committee to evaluate and score all technical and cost proposals using the following criteria.

0-15 points	Background: Offeror's Organization and Experience Applicant has demonstrated experience working with the community on related issues that will enable them to provide the services in the Scope of Work. Describe your organization, the racial ethnic make-up of your Board of Directors, and where the program will be carried within the organizational structure of your agency.
0-10 points	Goals and Objectives List measurable goals and objectives of your proposal using the Scope of Work discussed in this documentation as a guide.
0-30 points	Work plan/Approach/Project Work Plan/Time Line Applicant has presented a plan of action that is clear, detailed, and meets the needs of the target population. The applicant has clearly demonstrated when <i>each task</i> in the work plan will be carried out. This section shall describe the offeror's understanding of the State's requirements, including the result(s) intended, and a work plan for accomplishing the results proposed. The work plan description shall include a detailed proposed project schedule (by task), a list of tasks, activities, and/or milestones that will be employed to administer the project.
0-15 Points	Project Staffing This section shall include identification of all staff proposed as members of the project team, and the duties, responsibilities, and concentration of effort that apply to each. Resumes should be attached.
0-10 points	<b>Evaluation</b> Outline a process and outcome evaluation plan and describe objectives that will be accomplished. Identify tools applicable to the project whenever possible.
0-20 points	Budget Cost Proposal Applicant has submitted a budget and budget narrative, which reflect appropriate expenses to accomplish the scope of work.

### **APPENDIX I**

### **DEFINITIONS**

Clinic Subunit of a Local Agency, which is a WIC Service site

**FMNP** Farmer Market Nutritional Program

**FNS** Food and Nutrition Service

**Local** Unit, which administers WIC program under contract with Health

Agency

Office Office of Women, Infants, and Children (WIC Program)

**Open Access** A process of scheduling to ensure WIC participants can be scheduled within 1 day

for an appointment.

**RFP** Request for Proposal

**Participant** A person receiving WIC benefits

**Health** State of Rhode Island and Providence Plantations

SA WIC State Agency / Health

**USDA** United States Department of Agriculture

**Vendor** Grocery or pharmacy under contract with Health to provide WIC food benefits

To participants in exchange for WIC checks

WIC Special Supplemental Nutrition Program for Women, Infants and Children

### APPENDIX II COST PRINCIPLES

These cost principles represent guidelines for determining which types of expenditures will be allowable. The purpose of using these guidelines is to assure that the providers receiving funds from the Office of Health and Human Services are in compliance with federal requirements.

All expenditures are classified as either "Direct" or "Indirect" costs.

**Direct** costs are those that can be identified specifically with a particular program/service/function/cost center. Direct cost include the following program specific expenditures:

- salaries of project staff
- office supplies
- publications
- telephone/conference calls
- computer equipment and approved capital expenses
- travel to carry out the purpose of the award
- other specialized services (i.e., printing, postage, convening meetings, communications/marketing, etc.)

*Indirect* costs are general business expenses incurred for a common or joint purpose benefiting multiple programs/services/functions/cost centers and not directly connected to a specific program.

**Indirect** costs are further classified into two categories: "Facilities and "Administration."

#### Facilities include:

- depreciation on equipment
- interest on debts associated with buildings and equipment
- operational & maintenance expenses including:

rent utilities janitorial liability insurance

#### Administration includes:

General administration and general expenses that do not relate solely to any major program of the organization:

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- audit, legal and consultant
- MIS
- Accounting Office
- Non-project staff
- Office supplies for general use
- Printing
- Postage
- Periodicals and subscriptions
- memberships

### **APPENDIX III**

### **COVER PAGE**

Please provide basic summary information about your agency that the Department of Health can review and use as contact information. Please return this page with your proposal.

NAME OF APPLICANT AGENCY		
ADDRESS OF APPLICANT AGENCY		
PHONE NUMBER		
FAX NUMBER		
E-MAIL ADDRESS		
F.E.I.N. NUMBER		
PROJECT TITLE		
TOTAL FUNDING REQUESTED		